



Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:

William Dodge, M.D./SW Medical Center
7125 Marvin D. Love, #107
Dallas, TX 75237

MFDR Tracking #:

M4-07-7309-01

DWC Claim

Injured Empl

Respondent Name and Box #:

ACE American Insurance Co.
c/o ACE USAESIS
Rep. Box # 15

Date of Injur

Employer Na

Insurance Ca

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "The carrier initially denied the DOS in question using ANSI code 15 (A for authorization) and /or ANSI code 62 (A/Z for authorization). We have enclosed proof that the services in question were authorized. We feel the carrier has violated the following rule for their incorrect denial: Rule 133.3 Communication Between Health Care Providers and Insurance Carriers..."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$190.14
3. CMS 1500(s)
4. EOB(s)

Sent

SEP 11 2007

TX DEPARTMENT OF INSURANCE
DIVISION OF WORKERS'
COMPENSATION

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: The Respondent did not submit a response to the request for Medical Dispute Resolution.

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Code(s) and Calculations	Part V Reference	Amount in Dispute	Ordered Amount
07/17/06 07/19/06 07/21/06	97530-59 (\$30.11 x 125% x 3)	1	\$112.92	\$112.92
07/18/06 07/20/06	97535 (\$30.89 x 125% x 3)	1	\$77.22	\$77.22
Total Due:				\$190.14

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Section §413.011(a-d) titled, *Reimbursement Policies and Guidelines*, and Division Rule 134.202 titled, *Medical Fee Guideline* effective August 1, 2003, sets out the reimbursement guidelines

1. These services were denied by the Respondent with reason code "62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization."

1944-1945

1946-1947

1948-1949

1950-1951

1952-1953

2. Per Rule 134.600(c)(1)(B) the carrier is liable for all reasonable and necessary medical costs relating to the health care listed in subsection (q) of this section that was approved prior to providing the health care. The Requestor submitted a copy of their request for preauthorization, which contains the listed CPT Codes referenced in Part IV of this decision, and a copy of the preauthorization approval. Per Rule 134.202(b) reimbursement in the amount of \$190.14 is recommended.

3. Per review of Box 32 on CMS-1500, zip code 75237 is located in Dallas County.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d), §413.031 and §413.0311
28 Texas Administrative Code Sec. §134.1, §134.202, §134.600
Subchapter G, Chapter 2001, Texas Government Code

PART VII: DIVISION DECISION AND/OR ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, section §413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$190.14 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

ORDER :

 

Authorized Signature

Team Lead, Medical Fee Dispute Resolution

September 10, 2007

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

[REDACTED]